U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For	Official Use Only
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1. File Number **U** - 6840

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 12 / 31 / 2004

Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name Henry Davis	Name Laborers' Local 507 Labor Organization File Number 020-346		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 3919 Paramount Blvd.	Street 3919 Paramount Blvd.		
City Lakewood	City Lakewood		
State California ZIP Code + 4 90712	State California ZIP Code + 4 90712		
5. Position in labor organization. Auditor			
Enter appropriate data below if, during the past fiscal year, you or your spe (except as specified in the exc	ouse or minor child directly or indirectly had any of the following interests lusions set forth in the instructions):		
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizate	r derived income or other economic benefit of tion represents or is actively seeking to represent.		
6. Name and address of Employer (including trade name, if any). 7.a. Nature of Interest, Transaction, or Income.			
Name N/A	None		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any	7 h Amount		
	7.b. Amount.		
P.O. Box, Bldg., Room No., if any	7.b. Amount. \$0		
P.O. Box, Bldg., Room No., if any Street			
P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 Sig	gnature		
P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 Signature and verification. The undersigned declares, under penalty of	gnature of Perjury and other applicable penalties of the law, that all of the information nying documents), has been examined by the signatory and is, to the best of the		
P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 Sig 15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany)	gnature of Perjury and other applicable penalties of the law, that all of the information nying documents), has been examined by the signatory and is, to the best of the		

B. Held an Interest in or derived income or economic benefit with moretary value from a business (1) as substantial part of which consists of business (and pulse) and the standard part of which consists of business (and pulse) and the standard part of which consists of business (and pulse) and the standard part of which consists of business (and pulse) and the standard part of which consists of business (and pulse) and the standard part of the st	Name of Ferson Filing Henry Davis	The Names of			
Name BYA Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street 11.b. Approximate dollar value of such dealing. No he 11.b. Approximate dollar value of such dealing. No he 11.b. Approximate dollar value of such dealing. No he 12.b. Amount. 12.b. Amount. C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant in (including trade name, if any). Name (if jam.) 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name (if jam.) Street 14.a. Nature of parts A and B above) or flow that in a employer covered under parts A and B above) or from any labor relations consultant (including trade name, if any). 14.a. Nature of payment. (including trade name, if any). Street 15.b. Amount. 16.c. Nace Name, if any (in any). Street 17.b. Approximate dollar value of such dealing. 18.c. Nature of interest held or income received. 19.c. Nature of interest held or income received. 19.c. Nature of interest held or income received. 19.c. No parts A and B above) or flow thing of value. 19.c. Nature of interest held or income received. 19.c. Nature of inte	substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise				
Name Trade Name, if any: P.O. Box, Bildg., Room No., if any Street Title P.O. Box, Bildg., Room No., if any Street Title P.O. Box, Bildg., Room No., if any Street Title P.O. Box, Bildg., Room No., if any Street City Title P.O. Box, Bildg., Room No., if any Street Title P.O. Box, Bildg., Room No., if any Street City Title P.O. Box, Bildg., Room No., if any Street City	Name N/A Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City	a. Labor Organization b. Trust			
City State ZIP Code + 4 ZIP	Name Trade Name, if any:				
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name N/A Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City	City	12.a. Nature of interest held or income received			
or from any labor relations consultant to an employer any payment of money or other thing of value. 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name N/A Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City		12.b. Amount.	\$0		
Name N/A Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City	or from any labor relations consultant to an employer any payment of money or other thing of value.				
	(including trade name, if any). Name N/A Trade Name, if any: P.O. Box, Bldg., Room No., if any				
14.b. Amount of payment. 13.b. Is the Business an Employer or Consultant ?	State ZIP Code + 4	14.b. Amount of payment.	\$0		